

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 545951

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	2			1			53						
4	1			1			54						
5	1			1			55						
6	1			1			56						
7	1			1			57						
8	1			1			58						
9		1		1			59						
10	1			1			60						
11	1			1			61						
12	1			1			62						
13	1			1			63						
14	1		1				64						
15	1			1			65						
16	2			1			66						
17	1			1			67						
18	1			1			68						
19	1			1			69						
20	1			1			70						
21	1			1			71						
22	1			1			72						
23	1			1			73						
24	1			1			74						
25	1			1			75						
26	1			1			76						
27	1		1				77						
28	1			1			78						
29	2			1			79						
30	1			1			80						
31	1			1			81						
32	1			1			82						
33	1			1			83						
34	1			1			84						
35	1			1			85						
36	1			1			86						
37	1			1			87						
38	1			1			88						
39	1			1			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3										
TOTAL DEP.	39	←	36	←		←							
TOTAL CLAIMS	42		39										